



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:54 am, Nov 10, 2014

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 201216	NAME OF AGENCY Riverside Police Department	DATE OF INSPECTION 11/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2990 NW Vivion Road, Riverside, MO 64150 (Booking Area H/Q)		TIME OF INSPECTION 7:00 pm

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 11/04/2014 @ 19:03 pm
<input checked="" type="checkbox"/> COMPUTER <i>okay</i>	<input checked="" type="checkbox"/> DETECTOR <i>okay</i>
<input checked="" type="checkbox"/> PROGRAM <i>okay</i>	<input checked="" type="checkbox"/> FILTERS <i>okay</i>
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 48 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD <i>okay</i>
<input checked="" type="checkbox"/> FLOW DETECTOR <i>okay</i>	<input checked="" type="checkbox"/> CALIBRATION <i>okay</i>
<input checked="" type="checkbox"/> PUMP HIGH SPEED <i>okay</i>	<input checked="" type="checkbox"/> PRINTER <i>okay</i>

<input checked="" type="checkbox"/> INDICATOR LIGHTS <i>okay</i>
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<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc.	LOT # 14030	EXP. DATE 01/20/2016
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<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN DR5371	EXP. DATE 10/31/2015
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<input checked="" type="checkbox"/> CALIBRATION CHECK -- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) (WITH IN LIMITS)
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Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .100	TEST 2 .101	TEST 3 .100
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED) <i>okay</i>

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 1	(0-.04) 0	(.05-.09) 1	(.10-.14) 1	(.15-.19) 2	OVER .19 1
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

None.

Instrument is functioning / operating within all established limits and guidelines.

INSPECTING OFFICER

SIGNATURE <i>Dean Noll</i>	PRINT FULL NAME Sgt. Dean Noll
TYPE II PERMIT NUMBER/EXPIRATION DATE 220429 12/27/2014	TELEPHONE NUMBER (816) 741-1191

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

590 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



DEAN W NOLL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/27/2012

Number 220429

Expires 12/27/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216
11/04/14

TESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
PERMIT NUMBER: 220429
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:
MAINTENANCE NOVEMBER 2014

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:06
INTERNAL STANDARD	VERIFIED	19:06
EXTERNAL STANDARD	.100	19:06
BLANK TEST	.000	19:07
EXTERNAL STANDARD	.101	19:07
BLANK TEST	.000	19:08
EXTERNAL STANDARD	.100	19:08
BLANK TEST	.000	19:09

N = 3
SIM. = .1
AVG. = .1003

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216
11/04/14
19:03

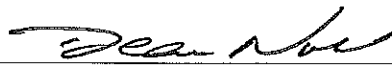
--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	48c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~

ator Signature



Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216
11/04/14

ARREST TIME: 18:30
SUBJECT NAME:
RFI/CHECK
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
TESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
PERMIT NUMBER: 220429
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:
RFI CHECK

--- BREATH ANALYSIS ---

BLANK TEST	.000	19:12
INTERNAL STANDARD	VERIFIED	19:12
RADIO INTERFERENCE		

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT OF PUBLIC SAFETY

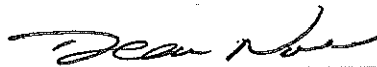
BAC DATAMASTER SERIAL NUMBER 201216
11/04/14

ARREST TIME: 18:30
SUBJECT NAME:
BLANK
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
TESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
PERMIT NUMBER: 220429
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:
BLANK CHECK

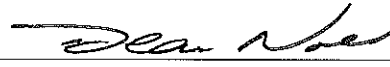
--- BREATH ANALYSIS ---

BLANK TEST	.000	19:14
INTERNAL STANDARD	VERIFIED	19:14
SUBJECT SAMPLE	.000	19:15
BLANK TEST	.000	19:16

Operator Signature



Operator Signature





Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).

Checked: 10/31/2014 Expires: 10/31/2015
Digital Therm. SN:093752
MSC Tech:TDD Temp:34.02
Agency: Riverside Police Dept
DR 5371



Technician Printed Name: Tracey Durbin

Technician Signature: 

Date: 10/31/14

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834